

# ATV CLUB INFORMATION FORM

PLEASE RETURN FORM TO:  
Department of Conservation  
Bureau of Parks and Lands- ATV program  
22 SHS  
Augusta, ME 04333-0022  
1-888-386-3288

To maintain accurate records, it is necessary for each club to provide the information below on a yearly basis, even if the address or officers do not change. If your club is no longer an active club please write **INACTIVE** with the club name and return this form so that we can keep our records current.

All clubs are encouraged to obtain a permanent PO Box or mailing address.

PLEASE PRINT

## **CLUB INFORMATION**

CLUB NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(permanent address)

SHIPPING ADDRESS \_\_\_\_\_  
(for sign orders)

TOWN LOCATED: \_\_\_\_\_ COUNTY: \_\_\_\_\_

MONTH OFFICERS ARE ELECTED: \_\_\_\_\_

## **OFFICER INFORMATION:**

PRESIDENT  
NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OFFICE  
PHONE: \_\_\_\_\_

TRAIL  
MASTER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OFFICE  
PHONE: \_\_\_\_\_

**PLEASE COMPLETE FRONT AND BACK OF THIS FORM**

**STATE OF MAINE  
NEW VENDOR OR VENDOR UPDATE FORM**

**ALL ATV CLUBS, NEW OR OLD MUST COMPLETE THIS FORM**

**EMPLOYER ID # (EIN):**   E  

(Federal ID number)

(nine digit number)

**NEW VENDOR INFORMATION:** (new clubs only)

CLUB NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**VENDOR UPDATE:**

(existing clubs)

OLD INFO

NEW INFO

CLUB NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

For official use only:

☐

Change request

☐

New Vendor

☐

Multi address

☐

Annual update